

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/485473
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		2		1		
5		⑦		1		
6		⑦		1		
7		⑦		1		
8		⑦		1		
9		⑦		1		
10		⑦		1		
11		2		1		
12		2		1		
13		2		1		
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16		2		1		
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TOTAL IND.			2			
TOTAL DEP.			19			
TOTAL CLAIMS			21			

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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